

## **DRAFT MINUTES**

Name of Meeting: Drug Utilization Review Board

Date of Meeting: Thursday, August 12, 2004

Length of Meeting: 2:20 PM – 4:30 PM

Location of Meeting: DMAS 11A Conference Room

Members Present:

Bill Rock, PharmD

Kelly Goode, PharmD

Geneva Briggs, PharmD

Jason Lyman, MD

(Not present: Elaine Ferrary, MS, Thomas Moffatt, MD, Jennifer Edwards, PharmD, Jane Settle, NP, Sandra Dawson, R.Ph, Robert Friedel, MD, Matthew Goodman, MD, Catherine Kelso, MD, Mark Johnson, PharmD)

DMAS Attendees:

Bryan Tomlinson, Director Health Care Services

Javier Menendez, R.Ph

Maryanne Paccione, IM Contractor (DMAS)

Tyrone Wall

Rachel Cain, PharmD

Wayne Turnage, Director of Policy and Research Division

Kelly Gent

Katina Goodwyn, Pharmacy Contract Monitor

Contractor: Donna Johnson, R.Ph, First Health Services Corporation

Visitors:

Becky Snead, R.Ph, VA Pharmacist Association

John D. Ostrosky, Pfizer

Cindy Kraus, Bristol Myers Squibb

Paul Chen, Glasko Smith Kline

Carl Tullio, Pfizer

Nick Paelle, Pfizer

Chair Geneva Briggs called meeting to order, the guests were asked to introduce himself or herself.

Minutes from May, 2004 were corrected and approved.

Wayne Turnage gave a presentation on PDL Evaluation Review which can be found on the web site at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

## **New Drugs**

Symbyax®- Added hyperglycemia under adverse effects and will also add to drug to disease interactions. Dr. Friedel was not present to comment further on the interactions between this drug and bipolar patients. FHSC will make correction of a clinical information typo on table two page three HD3:>60mg/d;>5yr<18yr.

Ketek®-Telithromycin(Ketek) falls into a new class similar to Erythromycin which targets community acquired pneumonia and sinusitis. One of the advantages of Telithromycin is that it is more effective against bugs that are resistant to other Macrolides. There was much discussion about its effect on QT interval prolongation and the fact that this drug should be avoided in patients with congenital prolongation of the QTc interval, and in patients with ongoing proarrhythmic conditions such as uncorrected hypokalemia or hypomagnesemia, clinically significant bradycardia and in patients receiving Class IA (e.g. quinidine and procainamide) or Class III (e.g., dofetilide) antiarrhythmic agents.

Spiriva®- Those who were present felt no changes were required and there was very little discussion.

## **Antipsychotic Criteria**

**Typical Antipsychotics-** Table 1 containing the first generation typical antipsychotics was reviewed and the following concerns were discussed;

Therapeutic Duplication (TD)- The only other TD would be another Typical Antipsychotic.....

Donna reviewed definitions of PA-Patient Age Restrictions, HD1 Regular person high dose, HD2 high dose in elderly greater than 65, and HD3 high dose in children for the committee.

**Atypical Antipsychotics-** Table 2 containing the second generation Atypical antipsychotics were discussed. The committee felt that no changes were needed.

## **Beers Criteria Review Report**

One thousand medication profiles were generated for all Medicaid enrollees 65 years and older who were expected to any of the Beers criteria. Letters were sent to prescribers for 466 Medicaid enrollees. There were 731 criteria interventions in a total of 533 letters sent to prescribers whose patients are receiving medication or dosage that are potentially inappropriate for them. Many of the letters contained more than one criteria intervention. Furthermore, many of the enrollees had letters sent to more than one prescriber. The preliminary response report had a 42% response rate. Out of the 533 letter sent out 225 responses were received. Many providers are aware and feel their prescribing habits are appropriate. Another larger part of the provider is flagging, monitoring, counseling, and some are discontinuing the drugs.

## **ProDUR Reports**

The committee reviewed the early refill alert cost savings for retail claims. Overall the early refill edit is going well since the long-term care pharmacies were excluded and the majority are only the retail pharmacies. It was reported that First Health received eight to nine thousand denials per week which averages to about 300 to 400 calls for overrides. The committee questioned whether those recipients who received overrides can be tracked and when they returned for a refill. Donna suggested following ten recipients for a period of time to track and see if they are returning for refills.

## **RetroDUR Reports**

Atypical Antipsychotic Therapeutic Duplication- The focus of this RetroDUR review was to evaluate patients who are taking more than one atypical antipsychotic medication. A total of 88 letters were sent to prescribers informing them of duplicate therapy. The result from this report have not been compiled as of yet.

Sedative Hypnotic Benzodiazepines- The focus of this RetroDUR review was to evaluate patients who have been taking a sedative hypnotic Benzodiazepines for greater than 35 days and to evaluate those patients taking doses higher than the recommended maximum daily dose. A total of 143 letters were sent to prescribers informing them of the prolonged duration and /or high dose of these agents that their patients were currently taking. Donna reported from the result that the prescriber considered it appropriate therapy.

Acetaminophen Overutilization- Acetaminophen is one of the most commonly used pain-relievers in the United States. It is available over-the-counter as well as in combination products with narcotics. Acetaminophen overdose is one of the leading causes of liver

failure. Because this is a potentially hazardous problem, the retroDUR reviewers were asked to review profiles for acetaminophen overutilization. RetroDUR profiles were generated for patients that exceeded a total daily dose of 4 grams acetaminophen. Letters were sent to prescribers whose patients were routinely exceeding the maximum limit. Overall 7% of the profiles reviewed warranted a letter to the prescriber. Because it is readily available in numerous products, health care professionals should pay close attention to the total of acetaminophen that their patients are taking.

**RetroDUR Reviews In Progress-** Donna will provide reports of estrogen use in patients with cardiovascular disease as well as reports on the use of anticoagulants and anticonvulsants at the November 2004 meeting.

**Selection of Future RetroDUR Reviews** – the following topics were identified as possible future RetroDUR reviews for the months between DUR Board meetings:

1. Review of asthmatics using beta-agonist rescue inhalers and not using an anti-inflammatory inhaler.
2. Medication and ER admission review of migraine patients. In particular, those patients with frequent use of an acute medication (e.g. triptans, narcotics, NSAIDs) and not receiving prophylactic treatment (e.g. anticonvulsants, beta blockers, etc).
3. Review of patients on medications that lower the seizure threshold (e.g. Wellbutrin)
4. Synagis Review – patients less than 3yo who got Synagis from Nov through April.
5. It was requested that at the November meeting, the issue of using recommended treatment guidelines for RetroDUR reviews be discussed.

Meeting was adjourned at 4:30 PM